



Clark County Department of Building

Fire Prevention Bureau

4701 W Russell Rd • Las Vegas, NV 89118 • Phone: (702) 455-7100 • Fax: (702) 735-0775

Over-the-Counter Review – Plan

Website: http://www.clarkcountynv.gov/Depts/development_services/fire_prevention

Email: permits@ClarkCountyNV.gov

\$160 minimum application fee is due at time of submittal.

\$235 minimum for permit types marked with ** if rec'd less than 3 business days prior to move-in date.

Fee is payable in exact cash, check or money order (drawn on a US bank in US funds), or Fire Prevention escrow account.

Checks must be made payable to CCDB-Fire Prevention Bureau.

Submittal Date: _____ **Payment Type:** ☐ Cash ☐ Check -or- Escrow Account #: _____
(Please check one)

Code Enforcement Case No.: (If applicable) _____

Building Permit No.: (If applicable) _____

(Please check appropriate box)

<input type="checkbox"/> Asbestos Removal (FASB) **	<input type="checkbox"/> Exhibits & Trade Shows – Tier 1 < 15,000 SF (FDET) **
<input type="checkbox"/> Automatic Sprinkler TI – Alter Existing System (FDSB) (20 heads or less excluding hydraulic calculations, flex-head, or extended coverage sprinklers)	<input type="checkbox"/> Final Map Signature (FDFM)
<input type="checkbox"/> Automatic Sprinkler Systems Design – Flow Test (FDSF)	<input type="checkbox"/> Fire Alarm Monitoring System (FDFA)
<input type="checkbox"/> Automatic Sprinkler In-Building Riser (FDSI)	<input type="checkbox"/> Liquefied Petroleum Gases, Residential (FLRC)
<input type="checkbox"/> Automatic Sprinkler Monitoring (FDSM)	<input type="checkbox"/> Temporary Hot-Works (fixed, mobile, or combo) (FHFT) **
<input type="checkbox"/> Elevator Recall (FDER)	<input type="checkbox"/> Temporary Liquid/Gas-Fueled Vehicle or Equip in Assembly Area (FLQT) **
<input type="checkbox"/> Temporary Outdoor Membrane/Tent – Tier 1 < 15,000 SF (FTTT) **	
For permit types marked with **, you must provide all requested information below including ** items.	

PERMIT INFORMATION

Plans: ☐ New ☐ Revision ☐ Correction **Application # (If applicable):** _____
(Please check one) **Note: If plan is a revision or a correction then the original application number must be provided.**

Municipal Project/Property: ☐ Yes or ☐ No **APN:** _____

Property/Venue Address: _____ **Bldg-Suite#:** _____

Major Property/Venue Name: _____
(i.e.: Name of development, building, project, hotel/casino, or other identifying information)

Sub-Property/Venue Location: _____
(i.e.: Name of business, shop, project, ballroom, hall, parking lot, or other identifying information)

**** Name of Event:** _____

**** Event Move-In Date:** _____ **** Event Move-Out Date:** _____

**** Date & Time Event Will Be Set Up For Inspection:** _____ ☐ AM -or- ☐ PM **
(Check appropriate box)

Inspection Contact Name: _____ **Cell Phone #:** _____

Inspection Contact Email Address: _____

**** Saturday and Sunday inspections are performed after 4:00 PM. An overtime inspection must be requested if needed before 4:00 PM ****

APPLICATION INFORMATION

Submitting Company Name: _____

Mailing Address: _____ **Bldg-Suite #:** _____

City, State, Country, Zip Code: _____

Company E-Mail Address: _____

Company Phone #: _____ **Company Fax #:** _____

Applicant Phone #: _____ **Ext:** _____ **Fax #:** _____

Applicant E-Mail Address: _____

Applicant Name and Title

Applicant Signature